

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36335

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 349

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|--|--|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson CITY</u> | | c. LENGTH OF STAY (in this place) <u>20 Yrs</u> | c. CITY OR TOWN <u>Jefferson City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 Riverview Dr.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS <u>120 Riverview Dr.</u> | | e. STREET ADDRESS (If rural, give location) <u>120 Riverview Dr.</u> | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>SCHEULER</u> c. (Last) <u>SCHEULER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 3, 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb 28, 1884</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Moving Van Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Thomas, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Herman Scheuler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Libbert</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mathilda Kroll</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mathilda Scheuler J. C. MO.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS <u>Rheumatoid arthritis</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>four hours</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

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|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from Oct 19 55 to Dec 3 19 55 that I last saw the deceased alive on Dec 3 19 55, and that death occurred at 6:10A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Leon D. Taylor M.D.</u> | | 23b. ADDRESS <u>Jefferson City, Mo.</u> | | 23c. DATE SIGNED <u>12-6-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/5/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> | | | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>6 Dec 1955</u> | | REGISTRAR'S SIGNATURE <u>R.P. Norris MD-DR</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Sylvester Dulle
Licensed Embalmer No. 432

P. O. Address.....
Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.